

INFORMATION TO USERS

This material was produced from a microfilm copy of the original document. While the most advanced technological means to photograph and reproduce this document have been used, the quality is heavily dependent upon the quality of the original submitted.

The following explanation of techniques is provided to help you understand markings or patterns which may appear on this reproduction.

- 1. The sign or "target" for pages apparently lacking from the document photographed is "Missing Page(s)". If it was possible to obtain the missing page(s) or section, they are spliced into the film along with adjacent pages. This may have necessitated cutting thru an image and duplicating adjacent pages to insure you complete continuity.**
- 2. When an image on the film is obliterated with a large round black mark, it is an indication that the photographer suspected that the copy may have moved during exposure and thus cause a blurred image. You will find a good image of the page in the adjacent frame.**
- 3. When a map, drawing or chart, etc., was part of the material being photographed the photographer followed a definite method in "sectioning" the material. It is customary to begin photoing at the upper left hand corner of a large sheet and to continue photoing from left to right in equal sections with a small overlap. If necessary, sectioning is continued again -- beginning below the first row and continuing on until complete.**
- 4. The majority of users indicate that the textual content is of greatest value, however, a somewhat higher quality reproduction could be made from "photographs" if essential to the understanding of the dissertation. Silver prints of "photographs" may be ordered at additional charge by writing the Order Department, giving the catalog number, title, author and specific pages you wish reproduced.**
- 5. PLEASE NOTE: Some pages may have indistinct print. Filmed as received.**

University Microfilms International

300 North Zeeb Road
Ann Arbor, Michigan 48106 USA
St. John's Road, Tyler's Green
High Wycombe, Bucks, England HP10 8HR

7824621

WOOD, ARLIS GALE
DIFFERENCES IN CHILD MANAGEMENT AMONG
COURT-IDENTIFIED ABUSIVE MOTHERS,
SELF-IDENTIFIED ABUSIVE MOTHERS, AND OTHER
MOTHERS.

THE UNIVERSITY OF OKLAHOMA, PH.D., 1978

University
Microfilms
International 300 N. ZEEB ROAD, ANN ARBOR, MI 48106

© 1978

ARLIS GALE WOOD

ALL RIGHTS RESERVED

THE UNIVERSITY OF OKLAHOMA
GRADUATE COLLEGE

DIFFERENCES IN CHILD MANAGEMENT AMONG
COURT-IDENTIFIED ABUSIVE MOTHERS,
SELF-IDENTIFIED ABUSIVE MOTHERS,
AND OTHER MOTHERS

A DISSERTATION
SUBMITTED TO THE GRADUATE FACULTY
in partial fulfillment of the requirements for the
degree of
DOCTOR OF PHILOSOPHY

BY
ARLIS GALE WOOD
NORMAN, OKLAHOMA

1978

DIFFERENCES IN CHILD MANAGEMENT AMONG
COURT-IDENTIFIED ABUSIVE MOTHERS,
SELF-IDENTIFIED ABUSIVE MOTHERS,
AND OTHER MOTHERS

APPROVED BY:

Donald K. Rowe
Dorothy A. Foster
W. Rowe
Avraham Selman
Heane J. Willis
DISSERTATION COMMITTEE

DEDICATED TO

Suzanne, my wife

Melissa, my daughter

Anna, my mother

Paul, my father

Clois, my brother

SPECIAL DEDICATION

This special dedication is to my mentor, Dr. Gerald Kowitz. For five years, Dr. Kowitz has guided me through some very difficult times. He has often sacrificed his personal time to work around my schedule. During his sabbatical leave he met with me regularly to continue this dissertation work. Many weekends he has given hours of his time to ensure completion of my research. Without him, I wonder if I would ever have completed the doctoral pursuit. Thank you, Dr. Kowitz, for your guidance and support. Being able to draw on your vast knowledge of psychology and education has made this endeavor possible.

ACKNOWLEDGEMENTS

This study is the result of supreme efforts and cooperation by a large number of individuals and groups. Foremost, I acknowledge the eternal love, patience, and support of my wife, Suzanne. Without the growing patience of my daughter, Melissa, I would have felt too guilty to pursue a doctoral program instead of interacting with her more as a father should. I would have been lost in a whirlwind of distractions and frustrations without the guidance of my chairman, Dr. Gerald Kowitz. My longtime friend and colleague, Jim Spence, offered a great deal of time in helping develop the statistical element of this work. Ann Hardy, M.S.W., director of the Parents Assistance Center in Oklahoma City, OK allowed the use of parents who utilize her counsel to serve as subjects for this dissertation. The clients who agreed to cooperate in this study receive my sincere gratitude. Especially, I thank my entire dissertation committee who have aided me in many ways throughout this effort. To this committee, Dr. Kowitz, Dr. Foster, Dr. Rowe, Dr. Scherman, and Dr. Willis, I give a special "thank you". Several other individuals and groups were very important: Arlene Leonard and the patrons of the Highlander Laundries of South Walker

and South Shields of Oklahoma City, OK, the Noble Public Schools, Living Word Academy, the Veteran's Administration, and Cordell National Bank.

TABLE OF CONTENTS

	Page
LIST OF TABLES.....	1
ABSTRACT.....	3
Chapter	
I. INTRODUCTION.....	5
II. REVIEW OF THE LITERATURE.....	14
III. HYPOTHESES.....	44
IV. METHODOLOGY.....	47
V. RESULTS.....	56
VI. DISCUSSION.....	78
VII. SUMMARY, RECOMMENDATIONS, AND CONCLUSIONS...	87
REFERENCES.....	90
APPENDICES.....	97

LIST OF TABLES

TABLE	PAGE
1. Correlation Coefficients Between Time in PA and Scores on MSPP Scales by CIM and SIM...	57
2. Means and Standard Deviations of MSPP Scores for CIM, SIM, and OM.....	59
3. Analysis of Variance of MSPP Scale (ENM) for CIM, SIM, and OM.....	60
4. Analysis of Variance of MSPP Scale (RWP) for CIM, SIM, and OM.....	61
5. Analysis of Variance of MSPP Scale (DWC) for CIM, SIM, and OM.....	61
6. Analysis of Variance of MSPP Scale (EOC) for CIM, SIM, and OM.....	62
7. Analysis of Variance of MSPP Scale (COP) for CIM, SIM, and OM.....	63
8. Tukey's Test Between the Actual Means on MSPP Scale (COP) for CIM, SIM, and OM.....	63
9. Respondents in Each Age Group.....	65
10. Median Test of Ages of CIM and SIM Using OM as a Control Group.....	65
11. Respondents at Each Level of Family Income....	66
12. Median Test of Incomes of CIM and SIM Using OM as a Control Group.....	67
13. Respondents with Completion of Each Level of Education.....	67
14. Median Test of Education of CIM and SIM Using OM as a Control Group.....	68

LIST OF TABLES (CONTINUED)

TABLE	PAGE
15. Respondents in Each Level of Marital Status...	69
16. Respondents with Various Numbers of Children..	70
17. Median Test of Number of Children of CIM and SIM Using CM as a Control Group.....	70
18. Respondents with Premature Infants.....	71
19. Respondents with Caesarean Section.....	72
20. Respondents Whose Own Mother's Pregnancy Was Difficult.....	73
21. Respondents Who Received Each Type of Punishment as a child.....	74
22. Frequency of Respondents Who Scored as Inconsistent or Negative Perceivers in Each and Combined Areas of MSPP Scale.....	76

ABSTRACT

Studies of child abusive parents have not generally dealt with dividing them into those who identify abuse in themselves (self-identified) and those who are identified as abusive by the court (court-identified). The question was asked whether or not there were differences in child management attitudes and practices among three groups of mothers: self-identified abusive mothers (SIM), court-identified abusive mothers (CIM), and other mothers not identified as abusive (OM). The SIM and CIM were found attending meetings of Parents Anonymous (PA) in Oklahoma City, OK and the OM were found in laundromats in a poorer section of the city. The data collection instruments were: (a) a data sheet telling whether the mothers were SIM or CIM and number of hours in attendance at PA and, (b) The Michigan Screening Profile of Parenting (MSPP) which gathered primary and secondary data. Primary data were the actual results on the five scales of the MSPP while secondary data were either the demographic information gathered in the standard administration of the MSPP or data indicating "high risk" (likelihood of abusiveness) in the three groups. It was hypothesized that a

relationship would be found between hours in PA and MSPP scores. Other hypotheses were that increasingly more positive scores on each of the five MSPP scales would be made by the mothers' groups in the order: CM, SIM, and CIM. From the primary data, the findings failed to reject the null hypothesis in each case except for the hypothesis dealing with the MSPP scale, coping (COP). In this case, SIM were found to have significantly more negative self-perceptions of their coping skills than CIM. From the secondary data, the findings reflected no significant differences among the SIM, CIM and CM in age, income, education, and number of children. All three groups were found to be poorer than the average women of Oklahoma City, OK and to have a greater rate of premature and Caesarean births than mothers from a large metropolitan hospital in Oklahoma City, OK. In the identification of "high risk" mothers, all groups, SIM, CIM, and CM had a large percentage who were so identified. The most important points of this study are (a) regardless of identification or non-identification as abusive, a majority of the mothers in this study from a lower socioeconomic level are "high risk" to child abusive behavior, (b) SIM were either more socially aware or better educated concerning their child abuse potential, (c) CIM and CM both had problems of child abuse or potential for child abuse but were not as sensitive to their problems as SIM.

CHAPTER I

Introduction

Child management is a complex and difficult topic. Many opinions have been offered on the matter by a multitude of writers. Each adult has a point of view on child management, usually an accumulation of patterns from the culture in which that person was reared. While there is no ultimate agreement on adequate child management, there is agreement on either end of the continuum. In any discussion of child management, different perspectives have to be entertained. This study will examine child management from the perspectives of the society, the parent, and the child. A further discussion will involve child abuse and its treatment through counseling for the parent and the child.

At the societal level, the general American culture has evolved from a rather strict view toward child management to a somewhat less strict outlook (Reisman, et al., 1951). Children in the 1700's were looked upon by many as sources of cheap labor and objects without social status (Wells, 1961). As society changed, children gained social

standing (Dreikurs & Soltz, 1964, pp. 7-8). Still, children often were manipulated by adults, sometimes in abusive ways (Kempe, 1962). The 1970's have provided greater protection for children, since anti-child abuse laws have been passed (Piersma, 1976, p. 77).

Public schools are symbols of American society and seem to reflect the societal attitudes toward child management. That attitude is still, for the most part, authoritarian and often punitive (Morgan, 1976, pp. 47-49). At a different level, perhaps at the cutting edge of change, are the child advocates including certain educators and psychologists who engage in writing and lecturing about child management techniques. These people currently represent a rational, humanistic viewpoint.

American parents are the product of their general national culture to some degree. That is, most parents have roots in the cultural tradition of treating children as non-equals. Children are to be disciplined and forced into what parents "know" is best for them. Unfortunately, in many instances, parents usually manage children as they were managed even if they were abused themselves as children (Steele, 1976). When child management goes awry, the parent is cited as the villain.

Children are initially passive recipients of their genetic and environmental heritage but later their own

decision-making ability gives them more freedom. In some cases, genetic endowment complicates a child's plight by causing physical and behavioral abnormalities that make them even more vulnerable. In these cases, child management is especially difficult for the parents and leads to a greater likelihood of mismanagement and abuse of the children (Steele, 1976). It seems that the most fortunate trait of children as human beings is that they can eventually make decisions that can serve as somewhat corrective and therapeutic in spite of their genetic and environmental limitations (Salk & Kramer, 1969). Perhaps this human decision-making process is what gives hope to the plight of many children and makes possible the eventual recognition of more adequate child management practices as these children mature to become parents in their own right.

In one area of child mismanagement, child abuse, Americans are seeking to help the society, the parent, and the child. Both national and state laws require that child abuse be reported to authorities and to child care services so corrective action can be taken. In spite of the many problems in preventing child abuse, communities are focusing attention on this issue. Even the parents identified by themselves or by the courts in

mismanagement and abuse of children have formed groups to help correct their problems. One such group is Parents Anonymous (Starkweather & Turner, 1975) founded by an abusive mother and her therapist. Parents Anonymous (PA) has a nationwide membership. Within its framework parents and children are learning to generate more humane, positive relationships so both can reach their potential for emotional growth and independence from a self-defeating, sometimes self-perpetuating cycle of abuse. With this assistance, more adequate child management may eventually become the self-perpetuating element.

From a review of the literature, several important characteristics emerged in determining abusive potential in the caretakers of the child: The parents' relationship with their own parents during childhood, interpersonal relationships with others besides parents, meeting their emotional needs, their expectations of children, and their ability to cope with everyday problems. An instrument, the Michigan Screening Profile of Parenting (MSPP), was found which most closely measured these characteristics in the parent. From professional observers' reports, it was indicated that mothers in the Oklahoma City, OK area who were most often identified by themselves or others as abusive were from a lower socioeconomic status. Therefore,

mothers from this group were chosen as the respondents in this current study.

Definitions of Terms

The following terms will be defined: caretaker, child abuse, child management, court-identified abusive mother, self-identified abusive mother, other mother, Parents Anonymous, parenting, and the Michigan Screening Profile of Parenting with its five subscales.

Caretaker. The person or persons who have taken or have been assigned the responsibility of taking care of a child. The caretaker may or may not be related to the child.

Child Abuse. The mismanagement of a child through physical injury, verbal insult, emotional trauma, or physical or emotional neglect because of the acts of commission or omission by the caretaker(s) of that child.

Child Management. The procedures a caretaker of a child chooses to use in interaction with a child reflecting the attitudes of the caretaker toward the child.

Court-Identified Abusive Mother (CIM). A mother who attended the Parents Anonymous meetings of the Parents Assistance Center in Oklahoma City, OK after a court hearing. She had been identified on a child abuse complaint and was under the supervision of the Protective Services Division of the Oklahoma Department of Institutions,

Social, and Rehabilitative Services.

Self-Identified Abusive Mother (SIM). A mother who attended the Parents Anonymous meetings of the Parents Assistance Center in Oklahoma City OK on a voluntary basis. She had not been identified on a child abuse complaint but believed that she was either abusive or had the potential to be so.

Other Mother (OM). A mother who had not reported being identified at any time on a child abuse complaint. She was of similar socioeconomic status as the abusive mothers.

Parents Anonymous (PA). A helping organization for parents who were identified by themselves or others as actual or potential child abusers.

Parenting. The behaviors and attitudes that a parent typically demonstrated in dealing with children.

Michigan Screening Profile of Parenting (MSPP).

A data collection instrument that assumes to measure five characteristics of parenting. These five areas are specified and defined in the following narrative: (a) Relationship with Parents (RWP): the perceptions of the parent concerning relationship with own parents, (b) Emotional Needs Met (ENM): the perceptions of the parent in the meeting of own personal needs, (c) Dealing

with Others (DWO): the perceptions of the parent in own ability to relate to others, (d) Expectations of Children (EOC): the perceptions of the parent in what is expected of children, (e) Coping (COP): the perceptions of the parent in how well everyday problems are handled.

Statement of Problem

Current researchers (Starr, Ceresnie, & Rossi, 1976, p. 50; Gelles, 1976) point to myths about child abuse in which many factors are posited but only a few show promise as predictors of abuse. To expand knowledge of the child abuse field, the question is asked: What aspects of parenting differentiate child abusive parents from non-abusive parents?

In order to explore the above question and the problem of identification of the child abuser, three groups of caretakers were identified in this study. Mothers in the lower socioeconomic class who had children, primarily younger children, were used in all groups. Although child mismanagement, specifically child abuse, occurred in other segments of the population besides mothers (e.g., fathers, foster homes, institutions) only mothers were used because of a larger incidence of abuse of children while under their care. The first of the three groups were court-identified abusive mothers who attended meetings of Parents Anonymous in Oklahoma City,

OK. These mothers had been identified on a child abuse complaint after a court hearing and were under the supervision of the Protective Services Division of the Oklahoma Department of Institutions, Social, and Rehabilitative Services. The second group were mothers who had not been singled out as abusive by the court and had identified themselves as abusive or potentially abusive. These mothers also attended meetings of Parents Anonymous in Oklahoma City, OK. The third group were mothers of similar socioeconomic background who had not been identified by the court or themselves as abusive.

One or more of several factors of parenting were possible differentiators among the groups. However, the amount of time in attendance at meetings of Parents Anonymous by the CIM and the SIM was taken into consideration. Several areas of the mothers' parenting skills were explored: relationship with parents, emotional needs met, dealing with others, expectations of children, and coping.

The statement of the problem is: Differences should be anticipated between caretakers who are court-identified who would have different parenting characteristics and those who are self-identified after correction is made for time of attendance at meetings of Parents Anonymous and a similar group of mothers who are neither self-identified

nor court-identified.

Significance of the Study

Because of the attention being given to child abuse, many parents are being identified by authorities, or are identifying themselves, as potential child abusers. In offering assistance to these parents, the same approaches are often used. If the characteristics of these two groups differ substantially then attention needs to be given to tailoring programs that fit the specific demands of the distinct groups. Furthermore, there is confusion in the literature as to whether the child abusive parent is really different from the non-abusive parent except for already having been identified as an abuser and having a childhood history of being abused. This present study will attempt to clarify the nature of the differences, if any, in several areas of parenting characteristics including: relationship with parents, emotional needs met, dealing with others, expectations of children, and coping.

CHAPTER III

Review of the Literature

In approaching the subject of child management the primary focus will be on the mismanagement of children, specifically, on child abuse. In this current study of child abuse, three groups of caretakers will be delineated: court-identified abusive mothers (CIM), self-identified abusive mothers (SIM), and other mothers (OM) from a similar background who were not identified as abusive.

Several perspectives on child management will be examined. Also, the current approaches to the problem of poor child management will be examined. Next, the focus will be on Parents Anonymous (PA), a nationwide self-help organization for abusive parents. PA is under the local sponsorship of the Parents Assistance Center, Oklahoma City, OK. Finally, questions arising out of the literature review are asked and a summary is presented.

Perspectives of Child Management

Child management will be examined from the perspectives of the society, the parent, and the child. Each, in its own way, is a contributor to the problem of child abuse.

The Society. Child management is influenced by societal attitudes toward children. Ideas of child management develop from some basic assumptions. The type of child management is dependent upon the strength of the family unit and other sociological and contextual variables. Since children are not yet regarded as social equals they are sometimes subject to adverse manipulation by adults. Inept child management at its worst results in abuse of the child. To protect children's rights, child advocacy movements have been instigated. Methods to prevent and treat child mismanagement are proliferating as society recognizes the problem. The reflections of child management attitudes in American society are shown in the schools, day care centers, television, and politics.

Child management is governed to a great degree by the assumptions of the society about the child. Pierce (1975, pp. 266-270) describes a prevailing attitude of adults in America as "childism" which presumes that any adult is superior to any child. The consequences for the child are often low self-esteem, peer conflicts, and striving for attention. Dreikurs (1964, p. 8) wrote that adults are usually disturbed at the idea that children are becoming increasingly social equals and have equal

claims to dignity and respect in the American society.

Attitudes toward children in our society differ depending upon the population density of the country according to a study by Takooshian, Haber, & Lucido (1977). In larger, congested cities such as New York and Boston, exists a "diffusion of responsibility" toward aiding a child in need of assistance. A common trait is indecisiveness and denial of personal accountability. In smaller towns, the adults are much more likely to help. However, a wide variability of response occurred regardless of population density.

Some researchers (Gil, 1976, pp. 54-56; Gelles, 1976, pp. 135-142; Garbarino, 1976, pp. 178-185) believe that the socioeconomic level determines child management practices. More violent and punitive actions were found to exist in the lower socioeconomic levels. Such factors as financial instability, overcrowding, unemployment, and poor education are listed as possible stresses on adults who direct their anger toward children. At least one writer (Steele, 1976) disagrees by stating that socioeconomic level does not determine the amount of violence toward children. Instead, he says that the violence occurs irrespective of social class.

The American society condones violence toward

children according to some writers (Gil, 1976; Welsh, 1976; Gelles, 1976). For example, most adults, 85% to 96%, approve of corporal punishment in child management. Welsh (1976) using 58 male delinquents argues that children who develop into criminals or those with severe anti-social problems are consistently those who have been over-punished, usually by violent means. However, adults point to the problem of "permissiveness" during the 40's and 50's as a causative factor in criminality and especially of "unrest" among the youth of the late 60's. Welsh's research (1976) strongly points to corporal punishment as a significant causative factor in children's problems.

The nature of the family in American society is another important factor that influences child management. Bronfenbrenner (1977, pp. 41-47) agrees that the American family is deteriorating but lays the blame on American society and not on the family itself. Since the family seeks an increasingly higher standard of living, family unity takes a low priority. Other problems in child management occur through neutral or indifferent sources such as day care centers. One problem with even very adequate babysitting or day care is that each child needs someone "who's crazy about him" (Bronfenbrenner, 1971).

Bronfenbrenner continues, saying that adequate child management demands that each child receive "some mothering, some fathering, some day care, even some coolness toward him". He recommends not that parents must quit work but that both parents can work part-time on a flexible schedule. Bronfenbrenner believes the American situation is not hopeless since he sees America as an "adolescent society" which is now preoccupied with glamour, sex, violence, and machismo. Furthermore, Bronfenbrenner places confidence in the American society which tries things out, and if they don't work sends them back to be corrected.

When child management runs into problems, abuse sometimes is the result. Although estimates vary, most writers (Gelles, 1976; Gil, 1976; Steele, 1976) agree that each year as many as ten million American children are abused by their caretakers. Williams (1976, pp. 2-11) lays much of the blame for child abuse upon the American roots in its literary heritage, its religious traditions, and its political institutions which purportedly provide the basic ideology allowing for child abuse. Adult superiority over children and corporal punishment of children have so long been a part of human tradition that they are accepted without challenge. Adams (1976, pp. 7-11) chronicles the basis of child

abuse from ancient history to the present by showing that children have been afforded few, if any, rights. Until relatively recently, the mismanagement of children has not even been questioned except in rare cases. Gelles (1976) posits two main reasons for child abuse: (a) structural stress which is related to socioeconomic variables resulting in inadequate resources to care for a child and, (b) the cultural norm concerning force and violence toward children. That is, violence toward children is culturally accepted. Child mismanagement in the form of abuse is now recognized as a public health problem (Justice, 1975, pp. 183-200).

Since the American culture does not allow for children to be social equals, some adults have chosen to be advocates for the child (Long, 1976, pp. 3-5). Children's advocates have succeeded in getting national and state legislation to protect children who are abused as well as to provide treatment for the parents and children. Currently, child advocates are urging an Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program for all children (Long, 1976). Alvy (1975, pp. 921-928) suggests that such a comprehensive program is really the only way to prevent gross mismanagement of children. Supposedly, such periodic screening of all children would reveal abuse if it is occurring by monitoring the

physical and emotional status of the children. Appropriate steps to stop such abuse could result.

Perhaps the most representative unit of child management in American society is the public school. The school exists to teach academic subjects but some have suggested that the public school is, in fact, a tool to perpetuate existing societal standards (Postman & Weingartner, 1969). Child management in schools includes local sanction of corporal punishment (Hagebak, 1973, pp. 14-16) and national legal sanction for spanking without the parents' approval as ruled by the United States Supreme Court (Schaar, 1977). Hagebak (1973) reports that corporal punishment is a "tension-releaser" for the adult and has no corrective value for the behavior of the child. Maurer (1976, pp. 24-25) assails corporal punishment not only in the schools but elsewhere saying that any type of hitting a child constitutes abuse. Morgan (1976, p. 48) notes that corporal punishment in the schools does not allow for a facilitative environment for all children or a therapeutic environment for abused children; instead, it compounds the problem of all children. The school is a powerful agent in modeling the kinds of experiences and roles a child can use to grow adaptively. Even the academic learning process is slowed when the threat of coercion is present (Holt, 1967,

p. 10). Ginott (1972, pp. 147-148) notes that the essence of discipline is to find alternatives to punishment for child management in school. Punishment can enrage a child and be detrimental to the creation of self-esteem in the child. Drastic alternatives are recommended by Weber (1971, p. 6) who states that American public schools have lost the human dimension and emphasize the teacher rather than the learner.

Another developing aspect of American society in child management is the day care center. Since more American parents work outside the home than ever before, day care and babysitting are used extensively. Bronfenbrenner (1977, p. 43) gives two qualities that must be present if the day care concept is to work: (a) it must be good quality care, and (b) the child must spend a substantial amount of time with someone who is "crazy" about the child. However, Bronfenbrenner believes current day care fails on both counts in most cases. Nagero (1974, pp. 18-19) paints a gloomier picture of American day care. He believes that the basic emotional and cognitive needs of children, especially infants, cannot be met through day care as it is currently arranged. Nagero warns of severe social casualties if day care continues in its present form and points to reports from Iron Curtain countries who are modifying their past

practices of day care. Reportedly, these countries are re-arranging the parents' work patterns to allow more direct contact with their children.

A television set is in virtually every American home and seems to share the parent's role in child management. Television's effect upon Americans, especially children, is not yet fully known but there is increasing evidence that violence depicted in television detrimentally effects children (Drabman, Thomas, & Jarvie, 1977, pp. 44-45). These authors state their conclusions clearly:

A future society in which its members have been exposed to a continued deluge of violence since infancy may hold serious consequence for its citizens. We are shocked by reports of by-stander apathy in our cities while innocent people are mugged and stabbed. The question is, will our children be?

Most people think of psychologists and other mental health professionals as proponents of more adequate child management. However, even psychologists differ on crucial issues such as spanking (Anderson & Anderson, 1976, pp. 46-49). These authors found that a majority of psychologists surveyed in northwestern Pennsylvania who were parents spanked their own children, felt that children need to be spanked sometimes, and had no regrets about spanking their own children. It was concluded that this group, like society, does not see any connection

among spanking, child abuse, and violent crime. The authors continue by saying if this group of psychologists is representative of other psychologists, then society cannot at this time turn to them as leaders in advocating and teaching alternative childrearing methods. One author (Dobson, 1970) sanctions spanking as appropriate if used within certain specified limits. So, it is clear there is not a unanimous opinion even among psychologists as to what constitutes appropriate means of child management.

The review of the literature concerning society's role in child management shows that society's standards affect child management. In the parts of society where stress is increased because of socioeconomic problems, child abuse is more likely. This current study will examine what other differentiating factors exist among mothers of a lower socioeconomic background but who vary in their history of identified abuse of their children.

The Parent. The role of the caretaker is probably the most important one in child management. Parents are part of the society in which they live and reflect societal attitudes as well as their own personal decisions. They also reflect their own parent's efforts and education toward child management. Parenthood is a

developmental process that changes in conjunction with the development of the child (Anthony & Benedek, 1970, p. 600). The parent models behavior that the child will emulate to a large degree (Bandura, 1969). When parenting goes awry, sometimes child abuse follows.

The adequate management of children by parents usually involves emotionally well-balanced parents who provide a reasonable, secure, and open environment in the home (Holmstrom, 1974, pp. 221-230). Parents are told by experts to provide both limits and freedom for their children in order to enhance the self-esteem of the child (Carbonell, 1975, pp. 489-507). The exercise of freedom and control by parents influences the child's attitudes, behaviors, and development. The authority that the parent possesses puts the parent in a different and more important role at early ages than peers because of the authority of the parent role. The proper exercise of control by the parent is often called "firm, caring limits" (Bruggen, 1975, pp. 153-159). The absence of limits causes problems. Hoffman (1975, pp. 228-239) writes that discipline is important because it gives children the experience necessary for internalization, of achieving balance between the expression and the control of desires. When discipline fails because of inconsistency of the parent in adhering to established

rules then the child may react with emotional problems sometimes in the form of psychosomatic illnesses (Jones, 1975, pp. 325-335).

Parental reactions to children seem to have definite and long-lasting effects upon children. Wenar (1976, pp. 189-285) found that stimulating mothers raised the general competence of toddlers while restrictive mothers depressed it. Laissez faire mothers had no consistent effect upon the competency. It was concluded that maternal negative effect depressed level of competency and self-sufficiency in the child. Others (Warner & Rosenberg, 1976) suggest that a child's relationship with the parents (i.e., the feeding, holding, talking, singing, shouting) has an impressive and durable influence on the child's future ability to enjoy and profit from education.

On the negative side of parenting, seriously detrimental effects can occur with deficit parenting. Armentrout (1975, pp. 444-448) reports that parental rejection and greater parental control were found to be associated with higher repression in the child. In the opposite direction, parents who were unconcerned with limits for their children regarding consideration and respect for the rights of others were more likely to have schizophrenic children (Apperson & Stinett, 1975, pp. 419-425). Wolman (1975, pp. 149-159) lists three types of negative

parental influences: (a) over-demanding parenting, (b) rejecting parenting, and (c) inconsistent parenting. Also, Townes, Ferguson, & Gilliam (1976, pp. 261-272) contend that a nurturing father is important to males in the development of heterosexual rather than a homosexual life style.

A child's competence is influenced by parenting. One researcher (Baumrind, 1975, pp. 12-37) reported that extremely competent children are never the product of extremely non-involved caretaking. Parents who exercise firm parental control facilitate instrumental competence in their children while nonconforming parents are associated with withdrawn behavior in the child. Interestingly, it was reflected that parental warmth was not linearly related to instrumental competence. Also, those parents who were willing to train their child cognitively achieved outstanding competence in their children. Again, parents are shown to have definite effects upon the child's behavior based, in part, upon the behavior of the parent.

The studies of parents who abuse their children attempt to determine what characteristics lead to the abuse. Differences in definition of child abuse have lead to problems in comparing the results of studies of abusive parents. For example, a recent writer (Gelles,

1976) confines the definition of child abuse to physical harm caused by assault or neglect. Spinetta & Rigler (1972, p. 296) define child abuse as "physical injury to the child, willfully inflicted". Gil (1973, p. 7) sees child abuse more globally:

Any act of commission or omission by individuals, institutions, or society as a whole, and any conditions resulting from such acts or inaction, which deprive children of equal rights and liberties and/or interfere with their optimal development.

By far, personality factors in the abusive parent have been the most widely examined area of possible causes of child abuse. The public concept of child abuse produced unwillingness to believe that anyone considered "normal" could harm a child. Child abusers were thought to be psychotic or otherwise seriously mentally impaired. However, Steele (1976) states that the incidence of psychosis, character disorders and neurosis are practically the same as in the average population. One personality typology of child abusers was that by Merrill (1962) who states that child abusers usually fall within three general personality types with one additional type for fathers alone. These types are: (a) parents who are persistently hostile and aggressive toward the world in general and sometimes toward specific people or situations, (b) those

adults who are rigid and unpliant in their thinking, feelings, and overt behavior, (c) parents who are overly dependent, passive, and non-assertive, (d) fathers who were young and intelligent but who were disabled and unable to support their families. Spinetta & Rigler (1972) consider Merrill's typology as an adequate summary statement of personality characteristics of abusive parents.

Steele (1976) provided a description of personality characteristics in the abusive parent. He reports that almost all parents who are abusive to their children were abused themselves as children. The aberrant and inadequate parenting they received produced adults with inhibitions in their own maturation and development which can be categorized by these following descriptions: (a) immaturity which is shown by a high need for reassurance in parenting since the parent has not developed confidence in ability to be a parent, (b) dependency which leads to a need for a great amount of external guidance and direction, (c) organic impairment because of early head trauma or malnutrition during critical growth periods, and (d) a lack of basic trust in others. As can be seen, these personality descriptions overlap with that of Merrill (1962) but give additional support for the existence of such traits.

The results of studies utilizing psychological tests to differentiate abusive parents from non-abusive parents have yielded mixed results. Paulson (1974, pp. 387-390) contends that the Minnesota Multiphasic Personality Inventory (MMPI) will differentiate between abusers and non-abusers as well as reflect characteristic patterns for male abusers and female abusers. Wright (1976, pp. 41-45) reports a "slick but sick" syndrome derived from Rorschach and MMPI responses where the person demonstrates psychopathic as well as psychotic symptoms. However, Adams (1976, p. 8) states, "attempts to screen parents to discriminate between abusers and non-abusers have simply not worked". Some additional personality characteristics of abusive parents include narcissism, immaturity, and poor ego controls (Blumberg, 1974, pp. 21-29).

The parent who is a high risk for abusive behavior can be described by a variety of sociological variables. Smith, Hanson, & Noble (1976, pp. 568-582) write that a lack of family cohesiveness is an important factor. In one-third of the abuse cases they studied, the biological father was absent; in one-half of the cases the mothers were living with other men. Premarital pregnancy, marital discord, and rejecting attitudes toward the child were other related factors. Blumberg (1974)

and Adams (1976, p. 3) agree that almost every abusive parent was abused as a child and is continuing the abusive pattern.

Hoffmeister (1977) combines demographic data and a screening profile of parenting characteristics in an instrument, the Michigan Screening Profile of Parenting (MSPP), in an effort to differentiate known child abusers from non-child abusers. Hoffmeister found that self-perceptions of parenting skills were helpful in determining child abusive potential of parents.

As shown by the literature review concerning the abusive parent, several factors emerge as important in predisposing parents to abuse: environmental influence, personality traits, or an interaction of the two.

In this current study, emphasis is placed on self-perceptions and demographic characteristics of parents by examining five areas of parenting attitudes and behaviors in three groups of mothers who differ in their history of identified abusive behavior toward their children.

The Child. The nature of the child is an important factor in child management. A primary consideration in child management is how children are viewed by society, by the parent, and by child development and mental health professionals. The child may also be the victim

of genetic and environmental influences which affect the way the child is managed. The nature of the child is an especially important factor in abuse cases.

What is the nature of a person? What is the nature of a child? Is human behavior determined primarily by genetics, by environment, or both? Can free will be exercised in the face of such deterministic forces? Rene Dubos (Salk & Kramer, 1969) believes that free will can be exercised in spite of deterministic forces. Genetics and environment provide the materials, in most cases, for decision-making on the part of the individual. Although deterministic forces shape behavior of the child, the child can eventually influence, to at least a small degree, the course of events. In spite of the free will optimism of Dubos, the child abuse literature (Adams, 1976; Gelles, 1976) reflects that many abused children in turn abuse their own children. So, the choice to change patterns of behavior is not exercised in many cases. Ilg & Ames (1955) emphasize that stages of child development are preset. However, a child can be assisted by those in the environment to maximize successful passage through these stages. Then, the nature of a child's behavior is an interaction of determinism and, at some point, free will.

The child's interpersonal relationship with those people in the environment who are most important, usually one or both parents, greatly influences both current and future behavior. At birth, the maternal-infant relationship seems to be of tremendous importance since infants who are accepted more readily have a higher probability of not being abused later (Helfer, 1975; Leiderman, 1975). The mother may have little control over some factors that influence the maternal-infant bond (e.g., hospital practices, birth complications including prematurity and Caesarean section) that usually require separation of infant from mother for varying lengths of time. Helfer's (1975) findings suggest that the maternal-infant separation, especially if of long duration, can affect the feelings of competence in the mother and result in long-term problems in displays of affection between mother and child. Somehow, the lack of maternal-infant bonding can affect the child's behavior in serious ways. Perhaps these early problems in the child lead child psychologists to assume child development as: "seeing all growth and behavior against the backdrop of the child's search for identity and self-respect" (Briggs, 1970). Along these lines, child psychotherapists sometimes try to restore at a later date what might have been lost in the early time of a child's relationship with important others.

Moustakos (1959, n. 1) reports:

A sense of relatedness of one person to another is an essential requirement of individual growth. The relationship must be one in which the person is regarded as an individual with resources for his own self-development rather than as the helpless victim of a neurosis which can be cured only through a dependency relationship.

In other words, a child must have needs met. Disturbances or trauma in early infancy or later can lead to aberrant patterns of behavior in both child and parent.

A variety of genetic or organic impairments can result in aberrations in the child's behavior. A common cause of learning deficit with resultant behavioral problems is malnutrition (Birch & Gussow, 1970). Of course, poverty and poor education are related to nutritional difficulties. Lewin (1975, p. 3) estimates that malnutrition and poverty exist in a vicious circle that may affect 300 million children worldwide. In the organic realm of child management problems are mental retardation, learning disabilities (including hyperactivity), and autism (Wilson, 1968; Scrubmen & Koegel, 1975, pp. 61-66). The difference of these children may influence their environment to react in a special, sometimes abusive way (Adams, 1975). These special children are perceived differently by their parents (Steele, 1976).

The child's perceptions of the environment and subsequent behavior are strongly influenced by the parent-child relationship. Stinnett & Taylor (1976, pp. 105-112) found that college students who had a negative perception of their own parent-child relationship looked favorably upon alternative life styles more than students who remembered positive parent-child relationships. Adolescents who were in homes where traditional parent-child roles were reversed suffered intense emotional pain and hostility. Oftentimes, the child engaged in suicidal threats and attempts. When this role-reversal occurred, it was most often found in one-parent homes between mother and the favorite child. The dependency needs of both parent and child could not be met in this role-reversed situation.

When child management reaches its worst state of affairs, abuse occurs. Adams (1976, p. 9) gives a brief synopsis of the nature of abused children:

Abused children tend to be under three years of age and the oldest or youngest child. Boys are abused somewhat more than girls. Often there is a history of prematurity, developmental delay or impairment, or an unwanted pregnancy. There is a disproportionately large amount of abuse in those families with many (four or more) children, especially if they are close in succession. These high-risk, young children often feed poorly, cry excessively, and make inordinate demands for attention, often aggressively.

Children's characteristics may interact with those traits of their parents to create child abuse. This current study examined parenting characteristics of three groups of mothers including the parents' expectations of their children, to determine if there are differences among parents who vary in their history of identified abusiveness.

Current Approaches to the Problem of Poor Child Management

Child management literature is abundant in today's society. Both general and specific advice is given to the individual interested in providing better child management. However, the problem is that many, if not most, of those engaged in mismanagement cannot make use of didactic, impersonal approaches. This is especially true in the case of the abusive parent. If one agrees that American society fosters abusive attitudes toward children, then the problem broadens. A practical, large-scale but personal program is needed to combat child abuse (Alvy, 1975).

Alvy (1975) suggests that child abuse can be dealt with by either: (a) a comprehensive approach which defines child abuse as being collective, institutional, and individual in nature, or (b) a narrow approach which considers only individual abuse. The comprehensive

approach embodies three types of child abuse: (a) collective, which reflects cultural attitudes toward children, (b) institutional, which are damaging acts perpetrated on children by schools, court, correctional facilities, (c) individual, which are abusive acts by caretakers of children (Alvy, 1975). Gil (1973) also promulgates a comprehensive approach stressing the rights of children as comparable to other members of society. However, Spinetta & Rigler (1972, p. 301) criticized Gil saying that his approach to child abuse is so broad that, "one cannot help but feel that Gil did not address himself to the question of child abuse".

The comprehensive approach was aided by the law, The Child Abuse Prevention and Treatment Act, P.L. 93-247 (Piersma, 1976, p. 77), which was signed on January 31, 1974. This law established a National Center on Child Abuse which directs a more comprehensive approach toward combating child abuse.

The approach which deals with individual abuse problems is the one that is used most frequently in our society since working with individuals in small groups or separately is more practical than seeking to change deeply imbedded attitudes of a society or even an institution. Even though the individual approach is subsumed within the comprehensive approach by definition, many,

if not most, child abuse cases are dealt without awareness of a greater problem in society.

Different therapeutic modalities of working with abusive parents and abused children have considerable overlap. Most methods lean either toward a comprehensive approach or an individual approach but both are offering help toward preventing or treating child abuse. According to Steele (1976), none of the therapy methods appears superior, but all provide valuable assistance in specific situations with various degrees of overlap. Some of these therapeutic modalities are: (a) educational, (b) psychotherapy, (c) crisis intervention, and (d) legal.

Educational. Education of the parent in child management techniques is a relatively common approach to enhance parenting skills. Thomas Gordon's Parent Effectiveness Training (1970) is one educational method that has been used. Alterations in communication and understanding of the child (Ginott, 1965) have helped in some instances. Veltkamp & Newman (1976, pp. 46-57) report that group workshops used to change parental attitudes are not effective unless they have three components: (a) education, (b) therapeutic, and (c) eclectic (i.e., specific management techniques are provided that focus on the marital and family interactions). Whatever the parent training methods, some help can be

provided to abusive and non-abusive parents alike.

Psychotherapy. Psychotherapy, both traditional psychodynamic types and behavior therapy, have provided settings in which abusive parents can change specific aberrant childrearing patterns. Unfortunately, psychotherapy has often been inaccessible to the child abusive parent for various social and economic reasons.

Crisis Intervention. Some abusive parents make use of crisis intervention facilities such as those which provide telephone "hotlines". Professionals and trained volunteers operate the telephone service with information, guidance, support and immediate action to protect the child if necessary. Examples of these services are the TALK line in San Francisco, CA, the Child Abuse Listening Mediations (CALM) in Santa Barbara, CA and the Parents Assistance Center in Oklahoma City, OK. Other crisis intervention strategies for child abusive parents include a crisis nursery in Denver, CO and Westminster, CA. Parents under stress may leave children at these 24-hour facilities when they are afraid of harming them. These facilities are also used in conjunction with other abuse prevention treatment programs.

Legal. Legal sanctions are other methods which have been used extensively to protect children from an abusive environment and parents from themselves. When a

parent is believed to have caused serious harm to a child, foster care placement of the children may occur. However, there is mounting evidence (Gelles, 1976) to suggest that foster care may be as destructive as certain types of child abuse. In foster care, children may suffer severe emotional trauma with longlasting effects due to the often sudden, turbulent removal from their home environment. Although safer for the child in a physical sense, foster care may not offer the substantially greater emotional security that the child desperately needs. Usually after foster care has been tried and the abusive parents show little or no change, then permanent termination of parental rights may occur. Another legal sanction may be institutional placement of a child if foster care or other assistance cannot be arranged.

Parents Anonymous

One rather unique approach to aid the abusive family in child management is Parents Anonymous (Adams, 1976, p. 9). This organization was established in CA by an abusive mother, Jolly K. With the help of her therapist, Leonard, she was able to provide a group situation for abusive and potentially abusive parents where anonymity, support, and information can be given.

A recent survey of Parents Anonymous (Baker, 1976)

describes the typical member. The "average" member is female, 29 years old, a high school graduate, married, and living with her spouse. Almost one-half had incomes between \$10,000 and \$20,000. Only 6% reported incomes over \$20,000. As many as 13% held professional jobs. Ethnic minority representation was only 10%, while 90% were Anglo. In the national sample of Parents Anonymous, only 7% were attending because the court ordered them to do so. Twenty-one percent had one or more children removed from their home by court order at one time or another. A high 58% reported that they had a child who had a special problem (hyperactivity was the most common report). Almost 75% of the parents reported abuse in their own childhoods. Sexual abuse was reported by 17% of the group in their own childhoods. Parents Anonymous (77%) reported verbal abuse as the major problem toward their children although a majority of members (54%) reported physical abuse, also. A relatively small proportion said physical abuse was their most serious abuse difficulty. Where abuse occurred, it was similar in all income groups, although a larger percentage of this sample was in the lower income level.

Members of Parents Anonymous in a nationwide sample reported that attending the self-help groups reduced their abusive behavior and caused an increase in self-

esteem. Furthermore, members reported less social isolation. An interesting finding was that new and long-term members scored at a positive, high level on a questionnaire designed to measure attitudes toward children and toward childrearing. The conclusion was that these members do not have the negative attitude usually attributed to abusive parents. Other positive effects that may be associated with attending Parents Anonymous include positive changes in child behavior and development.

An eclectic approach to child abuse is provided by the Parents Assistance Center in Oklahoma City, OK. Under the direction of a social worker, Ann Hardy, M.S.W., an organization has been formed which makes use of most of the previously discussed therapeutic modalities. For example, the Parents Assistance Center offers a 24-hour telephone hotline crisis intervention service. Professional and trained volunteers are available at any hour, day or night, to talk by telephone or in person (at the parents home, if necessary) if a potential abuse situation is imminent. There is a close liaison with professional counseling and psychotherapy services in the Oklahoma City, OK area. The courts of Oklahoma County freely make referrals to the Center. Within this structure a Parents Anonymous group has been formed

which differs in one important way from the national organization, that is, approximately 50% are court-referred instead of the nationwide figure of 7%.

Questions

The unusual constitution of the Parents Anonymous groups with its membership of self-identified and court-identified child abusers leads to several questions regarding parenting characteristics. Two significant questions are: (a) In what ways are self-identified mothers of Parents Anonymous different from court-identified mothers of Parents Anonymous? (b) In what ways are self-identified, child abusive mothers of Parents Anonymous, and mothers not identified as abusive mothers, different from each other?

Summary

The current review dealt with child mismanagement, specifically, child abuse. Three principle components of the child abuse problem were discussed: the society, the parent, and the child. Finally, efforts to correct the problem were reviewed. Special emphasis was given to one self-help approach, Parents Anonymous, a group for parents who are identified by themselves or others, as abusive or potentially abusive to their children. These factors predisposing a parent to child abuse emerged from the literature: relationship of the parent

with own parent, meeting of emotional needs, relationship
with others, expectations of children, and coping skills.

CHAPTER III

HYPOTHESES

From the statement of the problem and the survey of relevant literature, a series of testable hypotheses were generated. For methodological reasons (see Chapter V), the first hypothesis was concerned with attendance at PA; the others focused on the scores of the MSPP scales.

Hypothesis I

The SIM will have increasingly more positive parenting characteristics as the number of hours in attendance increase at meetings of PA.

Ho:1

No statistically significant correlations will be found between parenting characteristics as measured by each of the five scales of the MSPP and the number of hours in attendance at meetings of PA by the CIM and SIM.

Hypothesis II

The OM will report more of their emotional needs met than SIM who, in turn, will report more of their emotional needs met than CIM.

Ho:2

No statistically significant differences will be

found among OM, SIM, and CIM in the meeting of their emotional needs as measured by the MSPP scale ENM.

Hypothesis III

The OM will report a more positive relationship with parents than SIM who, in turn, will report a more positive relationship with parents than CIM.

Ho:3

No statistically significant differences will be found among OM, SIM, and CIM in thier relationship with parents as measured by the MSPP scale RWP.

Hypothesis IV

The OM will report a more positive dealing with others than SIM, who, in turn, will have a more positive dealing with others than CIM.

Ho:4

No statistically significant differences will be found among OM, SIM, and CIM in dealing with others as measured by the MSPP scale DWO.

Hypothesis V

The OM will report more positive expectations of children than SIM who, in turn, will report more positive expectations of children than CIM.

Ho:5

No statistically significant differences will be

found among OM, SIM, and CIM in expectations of children as measured by the MSPP scale EOC.

Hypothesis VI

The OM will have more positive coping skills than SIM who, in turn, will have more positive coping skills than CIM.

Ho:6

No statistically significant differences will be found among OM, SIM, and CIM in coping skills as measured by the MSPP scale COP.

The minimal level at which significances of the stated hypotheses will be reported was selected to be .05.

CHAPTER IV

METHODOLOGY

The methodology consists of a description of the subjects, instrumentation, procedure, and design.

Subjects

There were three groups of mothers: Court-identified abusive (CIM), self-identified abusive (SIM), and other mothers (OM) of a similar socioeconomic background who were not identified as abusive.

A. CIM: This group attended meetings of Parents Anonymous (PA) of Oklahoma City, OK because they were directed to do so after a court hearing. In this group, there were 26 mothers who were primarily in the age range of 20 to 30 years. They had at least one child who was 10 years of age or younger.

B. SIM: This group attended meetings of PA in Oklahoma City, OK because they believed themselves to be abusive or potentially so to their children. In this group, there were 26 mothers who were primarily in the age range of 20 to 30 years. They had at least one child who was 10 years of age or younger. They had neither a court hearing nor were they under the supervision of any

child-care agency.

C. OM: From professional observations it was indicated that abusive mothers in the Oklahoma City area were primarily of a lower socioeconomic background. Therefore, a group of mothers were found in laundromats in an area of southern Oklahoma City, OK where persons without washers and dryers go to clean their family's clothes. The housing in this area consists of smaller wooden framed houses and apartments and some mobile trailer homes. This group was assumed to be in the lower socioeconomic class. In this group, there were 26 mothers primarily in the age range of 20 to 30 years. They had at least one child who was 10 years of age or younger.

Instrumentation

A data sheet was used with the CIM and the SIM both of whom attended meetings of PA. This data sheet had the following information: relationship to the child (e.g., mother, stepmother, etc.), identification number, status of being either court-identified or self-identified, and amount of time spent in attendance at meetings of PA.

The Michigan Screening Profile of Parenting (MSPP) was used as the primary data-collection instrument (Helfer, et al., 1977). The MSPP provides a profile of self-

perceptions in areas which are critically important for positive interaction with others in a parent's environment. These areas include feelings about one's self, experiences as a child, use of others, expectations of one's child(ren), and general coping skills. If perceptions are negative or inconsistent, problems in parenting may be the result.

The scoring of the MSPP yields scores on five scales: Relationship with Parents (RWP), Emotional Needs Met (ENM), Dealing with Others (DWO), Expectations of Children (ECC), and Coping (COP).

Relationship with Parents (RWP) is defined by items which reflect feelings about love and affection between the person answering and that person's parents, particularly the mother. A positive perception (low score) indicates feelings of closeness and warmth between parents and self. A negative perception (high score) indicates problems in getting along with, loving, and being close to parents.

Emotional Needs Met (ENM) defines a type of relationship between self and others which seems to be learned during the early developmental years. The items tap a dimension which can indicate that the person was raised in a physically and emotionally punitive environment.

Negative perceptions (high scores) to items indicate feeling unloved, frequently criticized, and the possibility of receiving severe physical punishment. A positive perception (low score) indicates an emotionally nurturing upbringing.

Dealing with Others (DWO) indicates friendliness, warmth, and liking toward others. A positive perception (low score) indicates an affinity toward others while a negative perception (high score) demonstrates the opposite.

Expectations of Children (EOC) deals with the parent's feelings toward young children in expecting them to be "well-behaved" and sensitive to what their parents want from them. A positive perception (low score) indicates realistic perceptions of small children while a negative perception (high score) indicates unrealistic expectations.

Coping (COP) reflects the parent's ability to handle crises and problems adequately. A positive perception (low score) indicates ability to handle problems. A negative perception (high score) suggests inability to handle crises.

The MSPP is a questionnaire which elicits responses on a Likert type, seven-point agree-disagree scale (1=most agreement and 7=most disagreement). Some demographic data are gathered as a part of the standard administration.

The instrument is self-administered in 20 minutes or less and may be used with individuals or groups. Some questions in various subgroups are reversed so that all answers are not at the same end of the seven point scale. In scoring, these responses are again reversed so that a high score on any cluster indicates a negative perception in that area.

Scoring is complex and is performed by computer using the statistical procedure of convergence analysis (Hoffmeister, 1975). This method looks at the consistency with which a respondent answers within each cluster (i.e., convergence) as well as viewing the degree of inconsistency of several responses (i.e., non-convergence). When the responses of parents with known problems in parent-child interactions were analyzed, one of the following was found: (a) a convergence around a given number in the seven point scale which is significantly higher than those known not to have parent-child interaction problems; or (b) a high degree of inconsistency in responses (i.e., non-convergence) compared with responses of the parents without known problems.

The standardization of the MSPP has been both normative and criteria based on 2175 cases. For example, in the ENM cluster, standards were developed in comparison

to four criterion groups. These groups consisted of parents who were known to demonstrate "positive" parent-child interactions. In the remaining four clusters, criterion standards were set so that a score above 5.25 was considered to be high and below 2.75 was considered to be low.

The concurrent validation studies that have been completed reveal the following: Sensitivity: ability to identify accurately 98 mothers with known problems interacting with their child(ren)=85.7%; Specificity: ability to identify accurately 138 parents with no apparent problems in interacting with their child(ren)=79.8%. These data were derived from analyses of responses to one cluster: Emotional Needs Met (ENM). The other four clusters are not as accurate in discriminating between these groups. The major reason for this appears to be the high incidence of negative perceptions in these areas in both the "control" and "study" populations.

Reliability was established using the test-retest procedure based on a sample of 92 mothers. The clusters and percentage of respondents who had stable scores were as follows: ENM=85%, RWP=71%, COP=64%, EOC=62%, DWO=62%. These authors conclude that the stability characteristics of ENM and RWP are acceptable while COP, EOC, and DWO are marginal. However, the authors report that only 2%

of the respondents had extreme changes (i.e., low to high or vice-versa) in their score in the marginal clusters. Additional reliability studies are now in progress.

The authors (Helfer et al, 1977) of the MSPP provide an instrument which not only gathers primary information concerning self-perceptions of child management in the respondents but also provides secondary data through the standard collection of demographic statistics.

Procedure

The MSPP was administered to the CIM and SIM at the regular meetings of PA on Thursday evenings and Tuesday mornings. Both primary and secondary data were gathered. The MSPP was also administered to the OM at laundromats in southern Oklahoma City, OK. All of the data were collected during a three week period.

Design

The data were analyzed on three levels. The first level was concerned with attendance at PA by CIM and SIM and MSPP scores. The second level was to be a correction of MSPP scores by CIM and SIM if attendance at PA was related to MSPP scores. The third level was a study of differences among the three groups on each of the five scales of the MSPP. Although not a part of the main study, secondary data concerning personal characteristics of the respondents were also gathered and were examined.

Level one. Hypothesis I was tested by calculating a Pearson Product Moment Coefficient of Linear Correlation between the scores on each of the scales and the number of hours that mothers had participated in meetings of PA. Therefore, there were ten coefficients, one for each of the five scales for each of the two groups. It should be noted at this point that a cause-effect relationship between scores and participation in group sessions cannot be established. It is possible that some participants in fewer sessions could earn lower scores (i.e., more positive perceptions) because they were not as disposed to violence toward their children. Obviously, since the OM did not participate in meetings of PA, they could not be used in this analysis.

Level two. If significant correlations had been found between time in PA by CIM and SIM and the MSPP scores, the scores would have been corrected by the least squares criterion.

Level three. For Hypothesis II-VI, a one-way analysis of variance (ANOVA) to test for significance of differences among means for the three groups on each of the five scales was performed. Each of the five hypotheses was tested by a one-way ANOVA in which the statistical significance between means of the three groups was explored separately for each of the five scales.

Since the clusters of the five MSPP scales have been shown to be independent (Hoffmeister, 1977, p. 13) and since the means and standard deviations of each scale are quite different, they were tested separately by one-way ANOVA's rather than by a multivariate analysis of variance (MANOVA). Wherever significance was found, a post hoc analysis using Tukey's test between the actual means was applied. This test specifies exactly where the differences exist.

CHAPTER V

RESULTS

The results of the current study were reported according to the findings from the primary data which were gathered from the three levels of statistical analysis. Secondary data gathered in the routine administration of the MSPP are included also. Where data were available, statistics were given for the "average" woman in the Oklahoma City, OK area as reported by the 1970 census (Women in Oklahoma, 1970).

Primary Data

After the primary data were gathered, the six hypotheses were tested. Each null hypothesis and the results of the statistical tests are listed at the appropriate level of analysis.

Level One

At the first level of analysis, a study was made of the relationship between hours of attendance at PA by CIM and SIM and their scores on the MSPP. The results of the statistical tests are listed.

Ho:1. No statistically significant correlations will be found between parenting characteristics as

measured by the MSPP and the number of hours in attendance at meetings of PA by the CIM and SIM.

A Pearson Product Moment Coefficient of Linear Correlation was calculated between number of reported hours in PA attendance and the scores on the five scales of the MSPP (Table 1). The correlation coefficients were not significant at the .05 level of confidence ($r=.39$). Therefore, this finding resulted in a failure to reject $H_0:1$.

Table 1
Correlation Coefficients Between
Time in PA and Scores on MSPP
Scales by CIM and SIM

MSPP Measure	CIM	SIM
Emotional Needs Met (ENM)	.05	.12
Relationship With Parents (RWP)	-.27	.19
Dealing With Others (DWO)	.17	-.02
Expectations of Children (EOC)	.07	-.06
Coping (COP)	-.22	-.03

Level Two

Since a statistically significant coefficient was

not found in the correlation between time in PA and MSPP scale scores, the Level Two analysis was impossible to perform.

Level Three

The results of the MSPP scales for the three comparison groups are shown in Table 2. In scoring the MSPP, Hoffmeister (1977) reversed the direction of scoring of some MSPP scales so that low scores indicated a more positive perception. Since the raw data were used in this current study and direction of scoring was not reversed, positive perceptions were indicated in Table 12 by high scores on the MSPP scales, Emotional Needs Met (ENM), Expectations of Children (EOC), and Coping (COP), and by low scores on Relationship With Parents (RWP), and Dealing With Others (DWO).

Since there are five independent scales (Hoffmeister, 1977, p. 13) on the MSPP, five one-way ANOVAS were calculated, one for each of the five scales. The scales are Emotional Needs Met (ENM), Relationship With Parents (RWP), Dealing With Others (DWO), Expectations of Children (EOC), and Coping (COP).

Ho:2. No statistically significant differences will be found among OM, SIM, and CIM in the meeting of their emotional needs as measured by the MSPP scale ENM.

Table 2

Means and Standard Deviations of MSPP Scores for
CIM, SIM, and OM

MSPP Measure	CIM	SIM	OM
ENM			
Mean	4.30	4.30	4.30
S.D.	1.02	.95	.90
N	26	26	26
RWP			
Mean	3.80	3.40	3.30
S.D.	1.24	1.21	1.28
N	26	26	26
DWO			
Mean	4.40	4.00	4.70
S.D.	1.53	1.22	1.37
N	26	26	26
EOC			
Mean	4.90	5.00	4.90
S.D.	1.60	1.21	1.53
N	26	26	26
COP			
Mean	3.60	2.80	3.40
S.D.	1.39	1.14	1.21
N	26	26	26

In order to test Hypothesis II, a one-way ANOVA (Table 3) demonstrated no significant differences among the three groups in the meeting of their emotional needs. The result was failure to reject $H_0:2$.

Table 3
Analysis of Variance of MSPP Scale (ENM)
for CIM, SIM, and OM

Source of Variation	df	SS	MS	F
Between Groups	2	.01	.004	.004
Within Groups	75	69.15	.92	
Total	77	69.16		

$H_0:3$. No statistically significant differences will be found among OM, SIM, and CIM in their relationship with parents as measured by the MSPP scale RWP.

In order to test Hypothesis III, a one-way ANOVA (Table 4) demonstrated no significant differences among the three groups in their relationship with parents. The result was a failure to reject $H_0:3$.

$H_0:4$. No statistically significant differences will be found among OM, SIM, and CIM in dealing with others as measured by the MSPP scale DW0.

In order to test hypothesis IV, a one-way ANOVA

(Table 5) demonstrated no significant differences among the three groups in dealing with others. The result was a failure to reject $H_0:4$.

Table 4
Analysis of Variance of MSPP Scale (RWP)
for CIM, SIM, and OM

Source of Variation	df	SS	MS	F
Between Groups	2	3.30	1.65	1.06
Within Groups	75	116.33	1.55	
Total	77	119.63		

Table 5
Analysis of Variance of MSPP Scale (DWO)
for CIM, SIM, and OM

Source of Variation	df	SS	MS	F
Between Groups	2	5.78	2.89	1.52
Within Groups	75	142.57	1.90	
Total	77	148.35		

$H_0:5$. No statistically significant differences will be found among OM, SIM, and CIM in expectations of children as measured by the MSPP scale EOC.

In order to test Hypothesis V, a one-way ANOVA (Table 6) demonstrated no significant differences among the three groups in expectations of children. The result was a failure to reject $H_0:5$.

Table 6
Analysis of Variance of MSPP Scale (EOC)
for CIM, SIM, and OM

Source of Variation	df	SS	MS	F
Between Groups	2	.26	.13	.06
Within Groups	75	158.35	2.11	
Total	77	158.61		

$H_0:6$. No statistically significant differences will be found among OM, SIM, and CIM in coping skills as measured by the MSPP.

In order to test Hypothesis VI, a one-way ANOVA (Table 7) demonstrated a statistically significant difference among the three groups in coping skills. Consequently, $H_0:6$ was rejected. Since there was a significant F-ratio, a post hoc analysis was performed using the Tukey's test of individual comparisons (Kirk, 1968, pp. 88-89). As shown in Table 8, the difference between the means of the SIM and the CIM was the only one of the three differences that was significant. The critical value for the Tukey's test was .83.

Table 7
Analysis of Variance of MSPP Scale (COP)
for CIM, SIM, and OM

Source of Variation	df	SS	MS	F
Between Groups	2	9.95	4.97	3.18*
Within Groups	75	117.31	1.56	
Total	77	127.26		

* $p < .05$

Table 8
Differences Among the Actual Means on
MSPP Scale (COP) for CIM, SIM, and OM

	SIM	OM	CIM
Means	2.76	3.37	3.60
SIM 2.76		.61	.84*
OM 3.37			.23
CIM 3.60			

*significant at the .05 level

Summary. The three groups, CIM, SIM, and OM were compared on each MSPP scale. SIM was found to be significantly different from CIM on one scale, COP, which measured self-perceptions of coping skills. SIM reflected more negative perceptions of their ability to cope.

Secondary Data

Through the standard administration of the MSPP to the OM, CIM and SIM, data were available for several demographic areas including personal information and the frequency of "high risk" mothers which were provided by computerized scoring of the MSPP. Therefore, these two areas of information are provided for a further comparison of the three groups of mothers. Where appropriate, a nonparametric procedure, the Median Test (Huck, et al., 1974, p. 206) using a chi square statistic was performed to determine if the CIM and SIM were significantly different from the OM who were used as a control group. Also, in some cases the current respondents were compared in the listed areas to the "average" woman in Oklahoma City, OK as reflected by the 1970 census (Women in Oklahoma, 1970).

Personal Information

The personal data that were gathered included age, income, education, marital status, and number of children.

Age. As shown in Table 9, the ages of the mothers in the three groups varied only slightly. Table 10 reflects no statistically significant differences in age among the three groups.

Table 9
Respondents in Each Age Group

Age	CIM		SIM		OM	
	N	%	N	%	N	%
19 or younger	2	8	1	4	1	4
20-24	11	42	8	31	9	35
25-29	8	31	9	35	7	27
30-34	3	12	5	19	7	27
35-39	1	4	1	4	2	8
40 or older	1	4	2	8	0	0

Table 10
Median Test of Ages of CIM and SIM
Using OM as a Control Group

	Below OM Group Median	Above OM Group Median	Σ
CIM	16.4	9.6	26
SIM	13.3	12.7	26
Σ	29.7	22.3	52

$\chi^2 = .27$

Income. Income level (Table II) was reported by all

groups of mothers except one person who did not respond in the OM group. As shown in Table 12, there were not any statistically significant differences among the groups in income. However, when the median income of the OM was compared to the average family income of \$10,608 in Oklahoma City, OK in 1970 (Women in Oklahoma, 1970) there appeared to be a discrepancy of several thousand dollars. The difference appears even greater when inflation is figured over the eight years from 1970 to the present.

Table 11
Respondents at Each Level of Family Income

Income	CIM		SIM		OM	
	N	%	N	%	N	%
Did Not Respond	-	-	-	-	1	4
Under \$4000	9	35	5	19	5	19
\$4000-\$6000	6	23	3	12	6	23
\$6000-\$10000	7	27	7	27	7	27
\$10000-\$15000	4	15	6	23	4	15
\$15000 or More	-	-	5	19	3	12

Table 12
Median Test of Incomes of CIM and SIM
Using OM as a Control Group

	Below OM Group Median	Above OM Group Median	Σ
CIM	16	10	26
SIM	9	17	26
Σ	25	27	52
$\chi^2=1.627$			

Education. Table 13 shows the completion rate of educational levels for each of the three groups. There were no statistically significant differences among the groups in educational level (Table 14).

Table 13
Respondents with Completion of Each Level of Education

Highest Level	CIM		SIM		OM	
	N	%	N	%	N	%
Less Than 8th Grade	-	-	-	-	1	4
8th Grade	2	8	1	4	-	-
10th Grade	10	39	9	35	8	31
12th Grade	7	27	6	23	10	39
Some College	6	23	8	31	6	23
Completed College	1	4	2	8	1	4

Table 14
Median Test of Education of CIM and SIM
Using OM as a Control Group

	Below OM Group Median	Above OM Group Median	Σ
CIM	14.8	11.2	26
SIM	12.8	13.2	26
Σ	27.6	24.4	52
$\chi^2 = .24$			

Marital status. The marital status of each group is described in Table 15. Because there was no scale, a Median Test was not applied to test for statistically significant differences. In comparison with women in the Oklahoma City, OK area (Women in Oklahoma, 1970), the rate of marital variability was greater in the OM, CIM, and SIM. For example, in 1970, 86.5% of Oklahoma City women were married and 13.5% were unmarried. Only the SIM approach this level with 73% of them married and 27% not married (all of the categories besides "married" combined). The SIM had two times the unmarried rate of the average women in Oklahoma City in 1970. The CIM had almost three and one-half times the unmarried rate and the OM had an unmarried rate three times as often.

Table 15
Respondents in Each Level of Marital Status

Marital Status	CIM		SIM		OM	
	N	%	N	%	N	%
Married	14	54	19	73	16	62
Divorced	6	23	5	19	6	23
Separated	2	8	1	4	2	8
Never Married	4	15	1	4	2	8
Widowed	-	-	-	-	-	-

Number of children. Table 16 shows the number of children reported by the OM, CIM, and SIM. There were not any statistically significant differences among the three groups in number of children (Table 17).

Summary. The three groups, CIM, SIM, and OM were compared using personal information data. There were no significant differences among the groups in age, income, education, or number of children. When the groups were compared with the "average" woman in Oklahoma City, OK of 1970, it appeared that the current respondents were poorer and had a higher rate of marital instability.

Types of Birth

The respondents were asked to report the types of

Table 16
Respondents with Various Numbers of Children

Number of Children	CIM		SIM		OM	
	N	%	N	%	N	%
1	9	35	7	27	8	31
2	7	27	10	39	9	35
3	6	23	3	12	4	12
4	3	12	3	12	3	12
5 or more	1	4	3	12	2	8

Table 17
Median Test of Number of Children of CIM and SIM
Using OM as a Control Group

	Below OM Group Median	Above OM Group Median	Σ
CIM	12.89	13.11	26
SIM	12.56	13.44	26
Σ	25.45	26.55	52
$\chi^2 = .001$			

birth with one or more of their children. Two categories were available for report: prematurity and Caesarean section (C-section).

Prematurity. The prematurity births by all three groups of mothers were virtually the same as shown in Table 18. One person in the OM group did not respond. The Median Test was not used in this instance because the types of birth are not listed as a scale. However, all of the current respondents' reports of prematurity were higher than the 2% prematurity rate reported by officials at the Saint Anthony's Medical Center of Oklahoma City, OK.

Table 18
Respondents with Premature Infants

Type of Birth	CIM		SIM		OM	
	N	%	N	%	N	%
Did Not Respond	-	-	-	-	1	4
Prematurity	4	15	4	15	5	19
Non-Prematurity	22	85	22	85	20	77

Caesarean section (C-section). Table 19 shows the C-section rate of the three groups of mothers. Again, the Median Test was not used to test for significant differences because of the absence of a scale in report of type of delivery. However, the Caesarean deliveries of all of these mothers were higher than the 2% C-section

rate reported by officials at Saint Anthony's Medical Center in Oklahoma City, OK.

Table 19
Respondents with Caesarean Section

Type of Delivery	CIM		SIM		OM	
	N	%	N	%	N	%
No Response	-	-	-	-	1	4
Caesarean	2	8	3	12	5	19
Non-Caesarean	24	92	23	88	20	77

Summary. The three groups, CIM, SIM, and OM reported their prematurity and Caesarean births of one or more of their children. Although tests of significant differences were not performed among the groups, it appeared that the three groups had higher prematurity and C-section deliveries than women at Saint Anthony's Medical Center in Oklahoma City, OK.

Childhood Memories

Two areas were reported which dealt with memories of the mothers: Their own mothers' difficult pregnancies with them and the type of punishment they received as a child.

Difficulty of own mothers' pregnancies. The three

groups of mothers were asked to report the difficulty of their own mothers' pregnancies with them (Table 20). Of course, the current respondents had to rely on what they had been told by others. Again, the type of scale did not allow for a Median Test to determine statistically significant differences. From observation of the data, the SIM reported a higher percentage (39%) who remembered a report that their own mothers' pregnancy with them was difficult.

Table 20

Respondents Whose Own Mother's Pregnancy was Difficult

Mother's Delivery	CIM		SIM		OM	
	N	%	N	%	N	%
Did Not Respond	-	-	-	-	1	4
Difficult	6	23	10	39	2	8
Not Difficult	20	77	16	62	23	89

Type of punishment. Another memory that was reported by the three mothers' groups related to the type of punishment they received as a child (Table 21). No test of significance was used but from observation it was noticed that the CIM and OM were most likely to report having been physically punished than the SIM.

Summary. Childhood memories were reported by the three groups, CIM, SIM, and OM. The tests for significant differences were calculated among the groups. However, it was observed that more SIM reported their own mothers' deliveries of them as difficult. Also, SIM reported receiving less physical punishment than the other groups.

Table 21

Respondents Who Received Each Type of Punishment As a Child

Type of Punishment	CIM		SIM		OM	
	N	%	N	%	N	%
None	2	8	1	4	1	4
Physical	19	73	15	58	21	81
Nonphysical	3	12	5	19	3	12
Both Physical and Nonphysical	2	8	5	19	1	4

"High Risk" Mothers

Hoffmeister (1977) attempted to identify "high risk" individuals who were more likely to abuse or neglect their children by their negative or inconsistent responses on each of the five scales of the MSPP. The scale, ENM, has repeatedly demonstrated its reliability in differentiating known child abusers and neglectors from known

non-abusers or neglectors. The three groups of mothers in this study were compared with the criterion group of the MSPP. As shown in Table 22, a large number of mothers in each group was identified as negative or inconsistent perceivers in each of the five MSPP scales. The best predictor, ENM, reflected a large percentage of all mothers' groups as being "high risk". All three groups were similar to the MSPP criterion group in all five scales except on the COP scale. In this area, the SIM were more negative perceivers than the comparison groups and the criterion group of known abusers and neglectors.

In an effort to determine if any of these three mothers' groups were significantly different, a chi square statistic was calculated comparing expected frequencies with observed frequencies in each reported category (Table 22). No significant differences were found.

Summary

The three groups of mothers, CIM, SIM, and OM were compared using the MSPP and personal data. SIM was found to be significantly different from CIM in self-perceptions of coping skills as measured by the MSPP. Since additional data were available for the three groups through the standard administration of the MSPP, further comparisons were made. The three groups were not found to differ

Table 22
Frequency of Respondents Who Scored as
Inconsistent or Negative Perceivers
in Each MSPP Scale

MSPP Scale	CIM	SIM	OM
ENM	20	18	16
RWP	11	13	8
DWO	5	3	4
EOC	9	13	12
COP	7	18	8
$\chi^2=6.45$			

significantly in age, income, education, or number of children. Although no tests of significance were performed it was observed that the three groups of this study had a higher rate of marital instability and a lower income than the "average" woman in Oklahoma City, OK as reported by the 1970 census. The SIM reported more childhood memories of their mothers having a difficult delivery with them as well as receiving less physical punishment than CIM or OM. In addition, all three groups reported rates of higher prematurity and C-section deliveries than mothers at a local hospital's medical center. Furthermore, a large percentage of the three groups

were identified as "high risk" for child abuse by their scores on the MSPP. More importantly, the frequency of identification as "high risk" did not vary significantly among the three groups.

CHAPTER VI

DISCUSSION

The data presented in the previous chapter are discussed in the same order in this section. That is, the primary data are discussed in three levels and the secondary data are discussed under headings of personal information and "high risk" mothers. The discussion included inferences, where appropriate, concerning the comparison of the current respondents with local norms in some categories. At the end of this chapter, a summary is included.

Primary Data

The discussion of the primary data involved interpretation of the findings from testing the six hypotheses. The three levels of analysis were explained in Results (Chapter V).

Level One

PA meetings are designed to assist the abusive parent in changing to a more positive mode of parenting. Skills in parenting have been thought to change more positively with increased attendance at PA. This current study does not indicate either more positive or negative changes as

a result of attendance at PA. One possible reason for this finding may be that professional observers report some parents change positively in self-perceptions of parenting skills while others actually become more negative in their self-perceptions. Since human behavior is complex, subtle changes of a positive nature may occur that this parenting instrument (MSPP) cannot detect. Another possibility is that positive changes in parenting are occurring at an overt behavioral level but the parents in this study have not yet internalized the changes which would affect self-perceptions.

Level Two

It was unnecessary and, in fact, impossible to correct MSPP scores for attendance at PA since the correlation coefficients between time in PA and MSPP scores were not statistically significant.

Level Three

The three groups of mothers, CIM, SIM, and OM were virtually alike in reported self-perceptions of parenting skills on the MSPP except that SIM reported significantly more negative self-perceptions of their coping skills than the CIM. Two important points emerged:

A. OM were not different from the "abusive" mothers, CIM and SIM, and

B. SIM perceived their coping skills less positively than CIM.

OM were chosen because they had children under 10 years of age and because they were from an area of Oklahoma City, OK that was obviously a poorer section of the city. Otherwise, OM were a population that were not known to be abusive to their children. Yet they did not perceive themselves differently from abusive mothers in five areas that relate to parenting except for the area of coping. The explanation may be that being poor brings stresses that may predispose a mother to be abusive to her child. On the other hand, these mothers' self-perceptions may have had something to do with their being poor. This latter premise is harder to defend since little is known about the OM's self-perceptions from the past. From the results of this study, OM were not shown to be different from two groups of abusive mothers in self-perceptions of parenting skills.

SIM were shown to be significantly different from the CIM group in self-perceptions of coping skills. The chief factor in the difference may be either development of greater social judgement or greater knowledge of their problem. Regardless of the reason, SIM recognized that they were not coping well with everyday problems and chose to seek assistance, therefore, they became "self-identified" members of PA. SIM may have been aware for a long time that they were abusive to their children

and became unhappy with their difficulty in coping with everyday problems. It is possible that the current emphasis in child abuse prevention and reporting through the media helped the SIM find an organization such as PA that might help them to cope with their problems. On the other hand, SIM may have become "educated" to their poor coping skills through the media and then asked for help when they saw the opportunity with PA. In contrast, CIM did not ask for help from PA, which implies either that they did not have the social judgment to monitor their behavior toward their children or they actually did not recognize there was any problem. The latter premise makes sense if one accepts the popular cyclical explanation of child abuse in that parents rear children as they were reared. Therefore, if parents were abused they are more likely to abuse their own children. In essence, the CIM accepted without question how they reared their children since it was the only method they had known and accepted.

In summation, the primary data reflected that attendance in PA by CIM and SIM and changes in self-perceptions of parenting skills as measured by the MSPP were not related. It is possible that either positive changes occur in PA and are not detected by the MSPP or that overt behavioral changes occur and are not yet internalized to affect self-

perceptions. Yet another alternative is that PA did not produce positive changes in its members. Also, SIM have an awareness of their poorer coping skills which indicates either greater social judgement or education to their problem through contact with information about child abuse. It is possible that the results observed were an artifact of SIM's self-referral to the group.

Secondary Data

In this section, the discussion focuses on personal information and "high risk" indicators. Both types of data are provided through the standard administration of the MSPP.

Personal Information

The personal data that were gathered included age, income, education, number of children, marital status, type of delivery of their children, and childhood memories. The three groups of mothers, CIM, SIM, and CM were shown to be essentially alike in age, income, education, and number of children. However, in comparison with incomes of other women in Oklahoma City, OK as reported by the 1970 census (Women in Oklahoma, 1970), the groups under study had lower incomes. This factor may be more important because inflation has caused the value of money to decrease substantially over this period.

Marital Status. In marital status the current study groups were similar although the CIM reported a higher "never married" rate. In comparison with Oklahoma City women, the CIM, SIM, and OM reported higher marital variability. Being poorer may be a contributing factor since marital stress would be expected to increase with a decrease in ability to function financially in a technological society. Consequently, stresses common to a lower socioeconomic class may affect the way children are reared as well as the marital status.

Types of Birth. All three mothers' groups, CIM, SIM, and OM reported approximately the same rate of prematurity and Caesarean births of their children. However, when compared with rates of prematurity and Caesarean sections from a reputable medical center, the current respondents appeared to have an unusually larger rate. Again, being poor may be the primary factor in this difference. Poorer mothers are not likely to seek prenatal care and seldom have the same care as a mother in a higher socioeconomic class.

Childhood Memories of Mother's Pregnancy. The mothers of this current study were asked to report childhood memories involving their own mothers' degree of difficulty in pregnancy when carrying them (the current

respondents). Both groups of "abusive" mothers, CIM and SIM, reported more often that their mothers had difficult pregnancies. This report may tell something of the relationship between the CIM and SIM and their mothers. Both groups of mothers may have felt that they were a burden or problem to their mothers. They may have felt unloved or unwanted. This memory may have affected the quality of mothering in their lives and created tension between mother and child.

Childhood Memory of Type of Punishment Received.

Another childhood memory, types of punishment received as a child, was reported by the three mothers' groups. The SIM were more likely to report receiving less physical punishment and both physical and non-physical punishment combined than either of the two comparison groups. Since it has been shown that SIM were most likely to have perceived poorer coping skills in themselves, a relationship may be found between difficulty in their different types of punishment and coping. This report may indicate greater judgement on behalf of the parent (to decide the severity of punishment depending on the infraction by the child) or it may indicate inconsistency. In the former case, SIM may have developed greater internal controls leading them to be more aware of their poor coping and possible abusiveness

to their children. In the latter case the SIM may simply be greater worriers since their own parents' inconsistent parenting lead to the development of anxiety and insecurity in them and resulted in a current situation where they do not feel competent to cope with their own problems, including the behaviors of their children.

"High Risk" Mothers. The final section of the secondary data is the MSPP report of "high risk" mothers in the current study. "High risk" indicates similarity to mothers who are known to be abusive or neglectful to their children. The most reliable scale of the MSPP in identifying "high risk" persons in ENM. On this scale the three groups, CIM, SIM, and OM did not differ significantly but reflected a large percentage who were identified as "high risk". Specifically, "high risk" indicators reflected by MSPP scale, ENM, were identified in 62% of OM, 69% of SIM, and 77% of CIM. By far the most important point in these findings is that there are not any significant differences among the groups. That is, the "control" group, OM, the mothers who had not been formally identified as abusive, were substantially "high risk", also. OM may also be abusive but have not yet been identified by self or anyone.

CHAPTER VII

RECOMMENDATIONS AND SUMMARY

This final chapter is divided into recommendations and a summary.

Recommendations

Recommendations for further research are listed:

A. Identify mothers of a higher socioeconomic class who are abusive to their children and compare self-perceptions of parenting skills with mothers who are of the same socioeconomic class but who are not identified as abusive.

B. Identify parents who have been abused as children who either are currently identified as abusive or who are not identified as abusive and compare on self-perceptions of parenting skills.

C. Compare CIM and SIM on a measure of internal vs. external controls.

D. Expand the current study to include other adults in addition to mothers.

E. Examine the treatment aspects of Parents Anonymous.

Summary

Three groups of mothers, CIM, SIM, and OM were compared using primary and secondary data. Primary data were obtained from the five scales of the MSPP. Secondary data were gathered from a demographic questionnaire administered as a standard part of the MSPP and from a computer identification of "high risk" parents derived from responses to the MSPP. From the primary data, it was found that attendance at PA by CIM and SIM was not related to changes in self-perceptions of their parenting skills. In addition, the SIM group was found to have significantly more negative self-perceptions of their coping skills than the CIM group. Otherwise, the three groups were not found to be different in age, income, education, and number of children. When compared with the "average" woman of Oklahoma City, OK from the 1970 census, all were found to be poorer and to have greater marital variability. A comparison of the current respondents with mothers at a local medical center indicated higher rates of prematurity and Caesarean deliveries in all three mothers' groups of this study. All three mothers' groups, CIM, SIM, and OM were not found to be significantly different in degree of "high risk" although all groups manifested a large percentage of mothers who

were identified "high risk". Additional findings were that SIM and CIM remembered reports of their own mothers' pregnancies with them as more difficult than OM remembered. Also, SIM remembered being punished less in a physical manner than CIM or OM. From the discussion of the results, the conclusions were made: (a) regardless of identification or non-identification of abuse the majority of the mothers in this study from a lower socioeconomic level were "high risk" to child abuse, (b) SIM were either more socially aware or had become better educated to their potential for child abuse, and (c) CIM and OM were not as sensitive to their child abuse potential or actual abusiveness as SIM.

- Adams, V.V. The physically abused child: A review. Pediatric Psychology, 1976, 1 (2), 7-11.
- Alvy, K.T. Preventing child abuse. American Psychologist, 1975, 30, 921-928.
- Anderson, C.A. & Anderson, D.E. Psychologists and spanking. Journal of Clinical Child Psychology, 1976, 5 (2), 49-59.
- Anthony, E.J. & Benedict, T. Parenthood. Its psychology and psychopathology. Boston: Little, Brown, & Co., 1970.
- Apperson, L.B. & Stinnett, P.W. Parental factors as reported by patient groups. Journal of Clinical Psychology, 1975, 31, 419-425.
- Armentrout, J.A. Repression-sensitization and MMPI correlates of retrospective reports of parental child-rearing behaviors. Journal of Clinical Psychology, 1975, 31, 444-448.
- Baker, J.M. Parents Anonymous self-help for child abusing parents project-impact of the Parents Anonymous program. Summary of Findings of A Parents Anonymous Evaluation Program, Behavior Associates, 1976.
- Bandura, A. Principles of behavior modification. New York: Holt, Rinehart, & Winston, 1969.
- Baumrind, D. The contributions of the family to the development of competence in children. Schizophrenia Bulletin, 1975, No. 14, 12-37.
- Birch, H.G. & Gussow, J.D. Disadvantaged children, health, nutrition, & school failure. New York: Harcourt, Brace, & World, 1970.
- Blumberg, M.L. Psychopathology of the abusing parent. American Journal of Psychotherapy, 1974, 28 (1), 21-29.
- Briggs, D.D. Your child's self-esteem: The key to his life. New York: Doubleday, 1970.

- Bronfenbrenner, U. Nobody home: The erosion of the American family. Psychology Today, May 1977, pp. 40-43; 450-457.
- Bruggen, P. & Pitt-Aikens, T. Authority as a key factor in adolescent disturbances. British Journal of Medical Psychology, 1975, 48, 153-159.
- Carbonell, C.A. The formation of the child's self-concept through freedom and control. Saint Louis University Research Journal, 1975, 6, 489-507.
- Dobson, J. Dare to discipline. Wheaton, Illinois: Tyndale House Publishers, 1970.
- Drabman, R.S., Thomas, H.H., & Jarvie, G.J. Will our children care? New evidence concerning the effects of television violence on our children. Journal of Clinical Child Psychology, 1977, 6 (1), 44-45.
- Dreikurs, R. & Soltz, V. Children: The Challenge. New York: Duell, Sloan, & Pearch, 1964.
- Garbarino, J. A preliminary study of some ecological correlates of child abuse: The impact of socioeconomic stress on mothers. Child Development, 1976, 47 (1), 178-185.
- Gelles, R.J. Demythologizing child abuse. The Family Coordinator, 1976, 25, 135-142.
- Gil, D.G. Primary prevention of child abuse: A philosophical and political issue. Pediatric Psychology, 1976, 1 (2).
- Ginott, H. Between parent and child: new solutions to old problems. New York: MacMillan, 1965.
- Ginott, H. Teacher and child: A book for parents and teachers. New York: Macmillan, 1972.
- Gordon, T. Parent effectiveness training: The no-loss program for raising responsible children. New York: P.H. Wyden, 1970.
- Hagebak, R.W. Disciplinary practices in Dallas contrasted with school systems with rules against violence against children. Journal of Clinical Child Psychology, 1973, 2 (3), 14-16.

- Helfer, R.E., Schneider, C., Hoffmeister, J.K., & Tardif. Manual for use of the Michigan Screening Profile of Parenting (MSPP). Michigan State University, January, 1977.
- Helfer, R. Relationship between lack of bonding and child abuse and neglect. In M.H. Klaus and M.A. Trause (Eds.) Maternal attachment and mothering disorders: A round table. Sausalito, CA: Johnson & Johnson, 1975.
- Hoffman, M.L. Moral internalization, parental power, and the nature of parent-child interaction. Developmental Psychology, 1975, 11, 228-239.
- Hoffmeister, J.K. Convergence analysis: a clinical approach to quantitative data. Boulder, CO.: Test Analysis and Development Corporation, 1975.
- Hoffmeister, J.K. Results of the Michigan Screening Profile of Parenting (MSPP). Boulder, CO.: Test Analysis and Development Corporation, 1977.
- Holstrom, R. "Superhealthy students: The picture of mental health III. The minority of the "superhealthy". Psychiatria Fennica, 1974, 221-230.
- Holt, J. How children learn. New York: Dell, 1967.
- Huck, S.S., Cormier, W.H., & Bounds, W.G. Reading statistics and research. New York: Harper and Row, 1974.
- Ilg, F.L. & Ames, L.B. Child Behavior. New York: Harper & Bros., 1955.
- Jonas, A.S. & Jonas, D.F. The influence of early training on the varieties of stress responses: An ethological approach. Journal of Psychosomatic Research, 1975, 19, 325-335.
- Justice, B. & Duncan, D.F. Physical abuse of children as a public health problem. Public Health Review, 1975, 4, 183-200.
- Kirk, R.E. Experimental design: Procedures for the behavioral sciences, Belmont, CA: Brooks/Cole Publishing Co., 1968.

- Kreider, D.G. & Motto, J.A. Parent-child role reversal and suicidal states in adolescence. Adolescence, 1974, 9, 365-370.
- Leiderman, H. Mother-infant separation: Delayed consequences. In M.G. Klaus & M.S. Trause (Eds.). Maternal attachment and mothering disorders: A round table. Sausalito, CA: Johnson & Johnson, 1975.
- Lewin, R. Starved brains: New research on hunger's damage. Psychology Today, September 1975, pp. 29-33.
- Long, B.E. A funny thing happened on the way to advocacy. Journal of Clinical Child Psychology, 1976, 5 (1), 3-6.
- Maurer, A. Institutional assault on children. The American Psychologist, 1976, 29 (2), 23-25.
- Merrill, E.J. Physical abuse of children: An agency study. In V. DeFrancis (Ed.), Protecting the battered child. Denver, CO: American Humane Association, 1962.
- Mitchell, B. Working with abusive parents: A caseworker's view, American Journal of Nursing, 73, 480-482.
- Morgan, S. The battered child in the classroom. Pediatric Psychology, 1976, 1 (2), 47-49.
- Moustakos, C.E. Psychotherapy with children: The living relationship. New York: Harper & Row, 1959.
- Mnookin, R. Foster care-in whose best interests, Harvard Educational Review, 1973, 43 (4), 599.
- Nagero, H. Day care centers: Red light, green light, or amber light. Unpublished paper, 1974.
- Paulson, M.J., Afifi, A.A., Thomason, M.L. & Chaleff, A. The MMPI: A descriptive measure of psychopathology in abusive parents. Journal of Clinical Psychology, 1974, 30, 387-390.
- Pierce, C.M. & Allen, G.B. Childism. Psychiatric Annals, 1975, 5, 266-270.

- Piersma, P. Protection for abused children: Review of recent legal developments. Pediatric Psychology, 1976, 1 (2), 77.
- Postman, N., & Weingartener, C. Teaching as a subversive activity. New York: Delacorte Press, 1969.
- Reed, J. Working with abusive parents: A parent's view, an interview with Jolly K. Children Today, 1975, 4, 6-9.
- Reisman, D., Denny, R., & Glazer, N. The lonely crowd. New Haven: Yale University Press, 1951.
- Salk, L. & Kramer, R. How to raise a human being. New York: Warner, 1969.
- Schaar, K. Corporal punishment foes strike out; court upholds spanking in schools. APA Monitor, June 1977, pp.1; 11.
- Schreibman, L. & Koegel, R.L. Autism: A defeatable horror. Psychology Today, March 1975, pp. 61-67.
- Smith, S.M., Hanson, U. & Noble, S. Social aspects of the battered baby syndrome. British Journal of Psychiatry, 1974, 125, 568-582.
- Spinetta, J.J. & Rigler, D. The child-abusing parent: A psychological review. Psychological Bulletin, 1972, 296-304.
- Starkweather, C. L. & Turner, S.M. Parents Anonymous: Reflections on the development of a self-help group. In N. Ebeling & D. Hill (Eds.), Child abuse: Intervention and treatment. Acton, Mass., Publishing Sciences group, 1975.
- Starr, Ceresnie, & Rossi, 1976. What child abuse researchers don't tell about child abuse research. Pediatric Psychology. 1976, 1 (2), 50-53.
- Steele, B.F. Working with abusive parents from a psychiatric point of view. U.S. Department of Health, Education, & Welfare booklet. DHEW Publication No. (OHD) 76-30070, 1976.

- Stinnett, N. & Taylor, S. Parent-child relationships and perceptions alternate life styles. Journal of Genetic Psychology, 1976, 129 (1), 105-112.
- Takooshian, H., Haber, S., & Lucido, D.J. Who wouldn't help a lost child? You. Maybe. Psychology Today, February 1977, pp. 67-68; 88.
- Tournes, B.D., Ferguson, W.D., & Gillam, S. Differences in psychological sex, adjustment, and familial influences among homosexuals and non-homosexual populations. Journal of Homosexuality, 1976, 1, 261-272.
- Veltkamp, L.J., & Newman, K. Parent groups: How effective. Journal of Family Counseling, 1976, 4 (2), 46-51.
- Warner, S.L. & Rosenberg, E.B. Your child learns naturally: What can you do to help prepare your child for school? New York: Doubleday, 1976.
- Weber, L. The English infant school and informal education. Englewood Cliffs, New Jersey. Prentice-Hall, 1971.
- Wells, H.G. The outline of history: The whole story of man. New York: Doubleday, 1961.
- Welsh, R.S. Violence, permissiveness, and the over-punished child. Journal of Pediatric Psychology, 1976, 68-71.
- Wenar, C. Executive competence in toddlers: A prospective, observational study. Genetic Psychology Monographs, 1976, 93 (2), 189-285.
- Williams, G.J. Origins of filicidal impulses in the American way of life. Journal of Clinical Child Psychology, 1976, 5 (3), 2-11.
- Wilson, L. This stranger, my son: A mother's story. New York: G.P. Putnam's Sons, 1968.
- Wolman, B. Principles of interactional psychotherapy. Psychotherapy: Theory, Research, & Practice, 1975, 12 (2), 149-157.
- Women in Oklahoma, Oklahoma City: OK.: Oklahoma Employment Security Commission, 1970.

Wright, L. The "sick but slick" syndrome as a personality component of parents of battered children. Journal of Clinical Psychology, 1976, 32 (1), 41-45.

APPENDICES

Data Sheet

1. What's your identification number? _____
2. Have you or your wife been identified on a child abuse complaint by the court? _____
3. What is your relationship to the child that you have been accused of abusing or are afraid you might abuse? _____
4. How many sessions of Parents Anonymous have you attended? _____

PLEASE NOTE:

Pages 98-100, "Michigan Screening
Profile of Parenting", copyright
1975 by R.E. Helfer and C. Schneider
not microfilmed at request of author.
Available for consultation at the
University of Oklahoma Library.

UNIVERSITY MICROFILMS.